MEMBER MEDICAL SOCIETY MAGAZINE GROUP

The Hampden Hippocrat

A Bulletin for the Hampden District of the Massachusetts Medical Society

VOLUME XXII OCTOBER, 1966 NO. 8

MRS. EUGENE W. BEAUCHAMP, JR.
President, The Woman's Auxiliary
to the H.D.M.S.

Hampden District Medical Society

1414 STATE STREET — SPRINGFIELD, MASS. 01109

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The Hampden Hippocrat

"Life is short and art is long, the occasion fleeting, experience fallacious and judgment difficult."
Hippocrates

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EDITORIAL

The Physician's Wife

It is axiomatic that an individual is made or marred for a successful adjustment to life by the kind of relationship he has had with his parents. A counterpart of this axiom would seem to pertain in the relationship existing between a physician and his wife; in other words, she is a big determinant in the success and fulfillment of his professional endeavor. Her relationship to him and her position in the community are of inestimable value, and like Caesar's wife, she must always be above reproach.

The role of the physician's wife is often unbounded. She is of paramount importance not only as an indispensable ally of the doctor but also by reason of her stake in the total health of the community. To recount the multiple talents and achievements of physicians' wives and their innumerable contributions would not be practicable at this time. Suffice it to say that the many accomplishments of the Woman's Auxiliary to the Hampden District Medical Society, with which we are familiar, vividly attest to the fact. These activities have all been geared for one goal, namely, that of assisting their husbands in fulfilling the health needs of the community.

The physician's wife who is a sincere, mature person, with a well-integrated personality, realizes that her husband's life of necessity is one of dedication to the practice of medicine, the care of the sick, and scientific study. She also realizes that she inescapably holds a salutary position in all of this. She fully appreciates the importance of her striving for empathy and respect so that her husband's image may be commendably and more accurately communicated to the public. As a public relations representative for the medical group, she has done a noble job in helping to preserve the physician's image. She is in a most propitious position, both as an individual and as a member of a group (Woman's Auxiliary) to spearhead the development of innumerable needed community services. Courses of action taken by Woman's Auxiliaries nationwide are varied and unerringly effective.

It is interesting and inspiring to note the array of physicians' wives serving as national chairmen of committees of the Woman's Auxiliary to the AMA each with her own unique background and accordingly given a special assignment designed to provide guidelines for the manifold activities of doctors' wives across the country — all of which adds up to notable achievements in behalf of American medicine.

The Woman's Auxiliaries have done a distinguished job ever since their inception in Oklahoma in 1907. It warrants comment that the constitution adopted then is strikingly similar to the 1966 creed of the Woman's Auxiliary to the AMA.

There are still many and varied opportunities for doctors' wives to participate in health-related projects, either as individuals or as members of Auxiliaries. As a member of an Auxiliary she may see to it that her group assumes a leadership role or joint-sponsorship role in any community-wide health project. Woman's Auxiliaries throughout the country have pioneered in many fields and are continuing to develop break-throughs in other less explored fields, as well as simulate cross fertilization of knowledge to broaden the horizons of related fields.

The role of the doctor's wife is noble, great, and indeed enviable. May she continue in her successful fulfillment of it.

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*May, 1955

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*June, 1942

Essex South District Medical Society
*February, 1942

Fall River Medical Society
*November, 1942

Franklin District Medical Society
*June, 1945

Hampshire District Medical Society
*October, 1945

Middlesex East District Medical Society
*May, 1942

Middlesex North District Medical Society
*August, 1942

Middlesex South District Medical Society
*October, 1942

Middlesex West District Medical Society
*October, 1951

New Bedford Medical Society
*February, 1942

Norfolk District Medical Society
*December, 1945

Norfolk South District Medical Society
*July, 1943

Plymouth District Medical Society
*March, 1946

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*May, 1948

Suffolk District Medical Society
*April, 1946

Worcester District Medical Society
*July, 1943

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A MESSAGE
from
MRS. EUGENE W. BEAUCHAMP, JR.
PRESIDENT, WOMAN'S AUXILIARY
to the
HAMPDEN DISTRICT MEDICAL SOCIETY

Last year as President-Elect and this year as President of the Woman's Auxiliary to the Hampden District Medical Society, I have gone to a number of meetings of the Woman's Auxiliary to the M.M.S. I was very happy to be included in these gatherings because I learned so much from them. I wish that more members of our Hampden Woman's Auxiliary would avail themselves of the opportunity to attend these sessions. I would ask first, however, that more doctors' wives from Hampden join our own Auxiliary and attend or participate in some of our own activities.

There are so many wives we do not know, and there is so much we can accomplish together. Does one realize how big Hampden is? There are over 500 members in the Hampden District Medical Society, and only two-thirds of the wives are members of the Auxiliary.

One of the aims of our Auxiliary is "to promote good will among physicians' families and to stimulate local cooperation." What better chance do we have to know a doctor's wife than through our Hampden Auxiliary? It is easy for us of the distaff set to know those in our own community. Moreover, we do tend to gather with those wives whose husbands share work with our better halves but the others are just names. Let's get together for we can gain something from each other.

As in every past year, we have again a very nice social program. Our renown "White Cap Ball" will be held on November 5 at Twin Hills Country Club in Longmeadow. Mrs. Bruce Alicandri has been gracious enough to offer her home for our "Holiday Tea," which is always such a pleasant get-together. Then, for those who like a day off, three luncheons with speakers

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have been arranged.

Something new has been added this year — a "Hampden District Woman's Auxiliary Home Tour" is planned for Wednesday, October 19, to raise money for A.M.A.E.R.F. Thank you, doctors, for opening your homes and helping us to give a hand to our medical students.

Another goal of our Auxiliary is: "To further the purposes of the Hampden District Medical Society." Look at all the committees we have: Career Scholarships, Community Service, Disaster Preparedness, Health Education, International Health Service, Legislation, Mental Health and Safety. Surely one of these activities can generate enthusiastic interest and participation.

Whether we like it or not, Medicare is here. Could we have stopped it if we had not turned up our noses by saying "we do not want to get involved in dirty politics?" If a political situation is what we term "dirty", it is because we have let it become that way by not all participating vigorously to prevent it. Don't ever fool yourself into thinking that your voice or your one vote does not count. The late President Kennedy won the 1960 election by 112,253 out of the 69 millions cast — less than one vote per precinct throughout the nation. Records show that the presence or absence of one or two strong persons on a committee has changed the whole course of legislation. Can't we see to it that this strong person is favorable to our philosophy of life?

There can and will be more situations where we, your Auxiliary, can lend a hand so *won't you, please, doctor, lend us your wife!*

FOURTEENTH ANNUAL

WHITE CAP BALL

TWIN HILLS COUNTRY CLUB, LONGMEADOW

This is the Auxiliary's only fund raising function. The proceeds of this dinner-dance are used to provide scholarships for Hampden District students in nursing and paramedical careers.

HAVE YOU MADE YOUR RESERVATION?

A MESSAGE TO HAMPDEN

by

MRS. J. HARRY FIERMAN, PRESIDENT

WOMAN'S AUXILIARY TO THE MMS

This is an important year for Medical Auxiliaries throughout the United States. We have a new answer to the question "what does the Auxiliary really stand for." Never has there been as great an opportunity for doctors' wives to serve and to help the medical profession. Each of us is an "ambassador" in our community, and each of us has a golden opportunity to improve the image of the doctor.

Although we have not as yet felt the full impact of Medicare, we well know that it exists and that we must face it and understand it. Our Massachusetts State Fall Conference will be held October 23-24, 1966, in New Bedford, Mass., and will feature Mr. T. L. Reed, Assistant Director of Blue Cross - Blue Shield. He will tell us of the "Impact of Medicare." Please, come and be prepared to ask questions about problems that may be bothering your favorite doctor.

Our National Community Service Program, approved by the A.M.A., asks that we Auxiliary members devote some of our time and energy to the new "7 Package Program" plan and bring to public attention the urgent health needs and problems of school age children and youth. Some of the problems in this Public Health Education program relate to Venereal Disease Control, Health Careers, Immunization, and Youth Health and Fitness. There will be an explanation on how to implement and how to obtain these programs, working, of course, with the approval of your Hampden District Medical Society, at the aforementioned State Meeting.

I am happy to announce that Mass. will be honored at our Mid-winter Conference, January 15-16, 1967, Worcester, Mass., by having the President of the Woman's Auxiliary to the American Medical Association, Mrs. Asher Yaguda, address us and bring us up to date on pertinent topics. Please, mark the above dates and plan to come. All State Meetings are open to the general membership.

Doctors' wives are busy intelligent women, and there is a great demand for their service and attendance in local affairs. But, is it not timely for each of us to pull in the reins and decide what comes first? Medicine, from any angle, should be our primary concern. Let us always identify ourselves with the Medical Society and serve our communities in the name of the Medical Auxiliary.

There is no greater folly in the world than for a man to despair.

—Cervantes

Valor is stability, not of arms and legs, but of courage and the soul.

—Montagne

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Program

Tuesday, October 4, 1966 - 12:00 Noon
Luncheon Meeting - Vincent's Hillhouse
West Springfield, Mass.
Program - "Fun with Fashions"
by Mrs. William H. Rademaekers
Chairman: Mrs. Sheldon S. Goldberg
Co-Chairman: Mrs. Robert S. Mandell

Wednesday, October 19, 1966 - 1 to 5 p.m.
Woman's Auxiliary to the Hampden
District Medical Society Tour of
Homes

Saturday, November 5, 1966 -
Dinner Dance - White Cap Ball
Twin Hills Country Club
Longmeadow, Mass.
Chairman: Mrs. Irving Hoff
Co-Chairman: Mrs. Sante M. Caldarola

Tuesday, December 6, 1966 - 2:30 p.m.
Holiday Tea
Home of Mrs. B. Bruce Alicandri
134 Crescent Road
Longmeadow, Mass.
Chairman: Mrs. Jacob B. Shammash
Co-Chairman: Mrs. John F. Griffin

Tuesday, February 7, 1967 - 12:00 Noon
Luncheon Meeting -
Springfield Country Club
West Springfield, Mass.
Program - "Discover Your Best Self"
by Helena Rubenstein
Beauty Consultant
Chairman: Mrs. Ronald F. Stebbins
Co-Chairman: Mrs. James G. Fitzpatrick

Tuesday, April 11, 1967 - 12:00 Noon
Annual Luncheon Meeting
Betty's Old Towne House,
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Committee Chairmen

American Medical Association Education and Research Foundation . . . . . Mrs. Walton Stevens
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By-Laws. . . . Mrs. James J. Visconti
Bay-Pac . . . . . Mrs. Frank Mills
Career Scholarship . Mrs. Richard Paul
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Disaster Preparedness . . . . . Mrs. Joseph Stirlacci
Finance . . Mrs. Honore E. Gaudreau
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Historian . . . Mrs. Walter Mozden
International Health Service . . . . . Mrs. Robert O'Brien
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Mental Health . Mrs. Leonard Plotkin
Necrology . . . . . Mrs. John Yelle
Nominating . . Mrs. Joseph Angelica
Parliamentarian . Mrs. Charles D'Avanzo
Program . . . Mrs. Charles Atamian
Publicity . . . . Mrs. John J. Flahive
Publicity - Hippocrat . . . . . Mrs. Jean-Paul Aucoin
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EXECUTIVE COMMITTEE MEETING (Highlights)

The Executive Committee met on September 20, 1966, at the Society's meeting rooms. Dr. Hayes called the meeting to order at 8:10 P.M. There was a hundred per cent attendance with Drs. Hayes, Bloom, Griffin, Burkhardt, Nero, Moore, Adham, O'Malley, Beauchamp, Jr., Baker, Stoler, Wiedman, Mozden, and Mrs. Purdy being present.

The minutes of the June meeting were read and approved as read.

A letter of resignation from Dr. John Sandt was read. This was accepted with regret.

Dr. LaBrecque who is furthering his studies in California asked to be placed on a leave-of-absence status. This was granted by the Committee.

The Committee voted to support the Pioneer Valley United Fund, Inc. for its 1966 fund raising campaign.

A suggestion given by Dr. David Goldberg for having an employment service at HDMS headquarters for medical assistants, etc. was tabled until more information can be procured.

Mr. Paul Affleck from Goodwill Industries has invited HDMS to participate in the "National Employ the Handicapped Week" during the first week of October.

Dr. Hayes gave a short report from Dr. Tillman on the progress of the Members' Insurance Committee. Dr. Tillman will give a report at the next district meeting.

Dr. Bloom, Chairman of the PR Committee reported on his attendance at the A.M.A. PR Institute which was held in Chicago during August.

He praised the weekly radio program on WACE with Mr. Jack Hurley and wishes to encourage many more physicians to appear on this program which is on every Friday from 1-2 P.M.

Community Health Week will be observed during the week of October 16-22 this year. HDMS is planning a series of articles for the newspapers, radio spot announcements, and TV spots. A public viewing of the two movies on venereal disease is being planned by the Public Health Committee and the Springfield Health Department. Diabetes Detection Week will be observed during the week of November 13-19. Dr. Izenstein chairman and plans are well under way.

Mrs. Purdy gave a report of her trip to Chicago where she attended a seminar and two institutes on public relations.

Dr. Blasingame, Executive Vice President of the A.M.A., will be guest speaker at the December District meeting.

The meeting was adjourned at 9:21 P.M.

The Grievance Committee then met and heard seven cases.

The meeting adjourned at 10:30 P.M.

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SEPTEMBER MEETING HIGHLIGHTS
(Sept. 27, 1966)

The Sept. meeting was held at the Kimball Towers, Springfield, with President Hayes calling the meeting to order at 6:35 p.m. Attendance: 178; reservations: 180.

Minutes of the April 26 meeting (Annual Meeting) were read and accepted. President Hayes then called for committee chairmen reports.

Dr. Sears reported for the Committee on Public Health and spoke concerning the Committee's on-going activities in the fields of sex education, air pollution prevention and sport injuries. Community Health Week, which is to be held Oct. 16-22, will feature mass communication media presentations and other educational activities. General plans for Diabetes Detection Week - Nov. 13 to 19 - were also announced.

Reporting for the Blue Shield Committee, Dr. Carver informed the members that the statewide Medicare fee schedule survey conducted last winter yielded a 92% return and revealed that physicians are charging 32% more than the B-S schedule B. It was also noted that computers last year profiled each physician as to what the latter did and that charges by each physician will be profiled this year. Dr. Carver also warned that the more money physicians receive from a single source, the less independent they are apt to become and more subject to control by the source.

Dr. Millman presented the proposed changes in the Society's By-laws as published in the Oct. issue of the "Hippocrat". These were accepted.

Dr. Susat, reporting for the Legislative Committee bemoaned the passage of the chiropractor's registration bill and expressed the personal opinion that something be done to limit the legislation and to hinder its implementation.

Dr. Bloom reported on his recent trip to Chicago to attend an AMA conference on public relations. A copy of an impressive talk on this subject delivered by Dr. Blasingmae at this meeting is going to be mailed to each member of the Society.

Dr. Boss, Jr. spoke of the Mental Health Committee's activities in regard to promoting the State's regional program for mental health.

Dr. Hough, III, reporting for the Medico-Religious Committee, informed the membership of not too spectacular progress but still progress, indeed. An "ecumenical" group has been formed with many discussions on difficult subjects being carried on without excitation of individual prejudices. Educational programs have also been conducted but have not been received with great enthusiasm. An invitation was issued for suggestions and participation

(More on Page 16)

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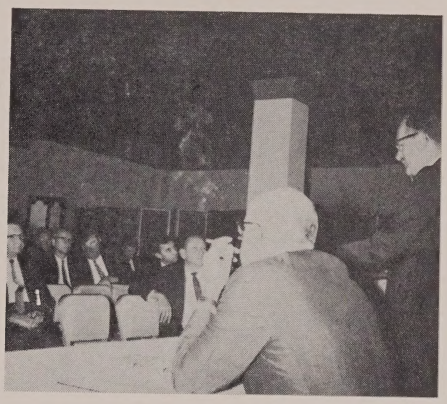

Bloom on P.R.

At the "Water Cooler"

"Chows On"

Certified In

Parker on C.M.P.A.

in the Committee's activities.

Dr. Tillman spoke for the Members' Insurance Programs Committee outlining the disability and accident insurance carrier's experience over the past four years with the Society's participants. Since the carrier experienced an 83% return of premiums to participants as benefits, when only 70% should be returned for the carrier to break even, a 30% increase in the last semi-annual premium billing became necessary. Dr. Tillman recommended that the Society's participating members continue in this program until such time as the Committee has had time to study this program as well as others and that it would come up with recommendations in the near future.

Because of Dr. Ralph Miller's resignation from all assignments due to illness, Dr. Hayes appointed Dr. Grover as a replacement on the Scholarship Committee and Dr. Ralph Williams on the Medico-Religious Committee. Moreover, an Alternate Councilor would have to be elected.

Dr. Alicandri was added to the Committee for Implementation of the Springfield Health Study.

An announcement was made of a hearing to be held by the State on Sept. 29 relative to proposed rules and regulations for implementing Title XIX.

The meeeting was recessed at 7:20 P.M. During the recess, the Councilors elected Dr. Potsubay as an Alternate Councilor.

After an excellent collation, the meeting was resumed at 8:50 P.M. with certificates of membership being presented to the new members of the Society. Under new business, Dr. Susat moved that H.D.M.S. recommend to the M.M.S. that the latter urge physicians not to serve on the Board of Registration for Chiropractors. The motion was seconded, discussed, and referred to committee.

The guest speaker of the evening Dr. Jack S. Parker, member of the M.M.S. Committee on Physicians' Payments under Medicare, then gave an excellent presentation on the M.M.S. plan for payment of physicians under Medicare, namely, C.M.P.A. (see page 22).

There being no further business, the meeting adjourned at 10 P.M.

HAMPDEN CAPSULES

Dr. Francis M. Toutounghi transferred from Norfolk District to Hampden.

— —

Present at the Pre-Council meeting on Friday, Sept. 9, 1966 were: Drs. Reilly, Johnson, Griffin, Miner, Ayres, Simpson, Franseen, Callan and Millman.

— —

Dr. LaMarche talked to football coaches of the local schools at DeBerry School on Sept. 13 1966.

— —

WACE Radio speakers:

Oct. 7 Dr. Kiss—Internal Medicine
Oct. 14 Dr. Sears—Community Health Week
Oct. 21 Dr. Walter Tauber
and
Oct. 28 Dr. Roland Stebbins—Children's Health

— —

Dr. Walter Carver to speak at Storrowton to the Industrial Nurses on Medicare.

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The paradox of malnutrition in our affluent society

An unbalanced nutritional supply-and-demand may produce unexpected vitamin deficits. For example: the current widespread consumption of greater amounts of polyunsaturated fatty acids (PUFA) may lead to a deficit of vitamin E (imbalance of PUFA: E ratio). Animal and human studies have demonstrated that the greater the consumption of PUFA, the greater the need for vitamin E to protect against peroxidation of vital cell lipids.

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E (as d-α-Tocopheryl Acid Succinate)	15 I.U.
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D (Ergocalciferol)	400 U.S.P. units
B_1 (Thiamine Mononitrate)	10 mg.
B_2 (Riboflavin)	10 mg.
B_6 (Pyridoxine Hydrochloride)	5 mg.
B_{12} (as Cyanocobalamin)	5 mcg.
Niacinamide	100 mg.
Calcium Pantothenate	20 mg.
C (as Sodium Ascorbate)	200 mg.

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Magnesium (as carbonate)	65 mg.
Iron, elemental (as stabilized Ferrous Carbonate†)	12 mg.
Iodine, elemental (as potassium iodide)	0.15 mg.
Copper (as sulfate)	2 mg.
Manganese (as sulfate)	1 mg.
Zinc (as sulfate)	1.5 mg.

†A STAYLOCK™ fusion product

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Supply: Bottles of 30, 60, 100, 180 and 1,000 tablets.

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MEDICAL CITIZENSHIP

by

MAX MILLMAN, M.D.

as presented at the

H.D.M.S. INDOCTRINATION MEETING, MAY 23, 1966

There is the story of a young Canadian immigrant to the United States, who after much effort finally became a full-fledged citizen of his adopted country. This made him very happy, except that on the very next day he found himself drafted into the United States Army.

This story probably is not entirely true, but it does serve to emphasize that, while citizenship confers many benefits and privileges, it also exacts a number of obligations and responsibilities. The same holds true of medical society membership. There are a number of other things the two have in common. Both, for instance, are the product of the democratic process, and both are classifiable into good, bad, and indifferent. Taking them in reverse order, we find that the indifferent medical citizen is one who hears nothing, sees nothing, says nothing, and does nothing. He is ever ready to accept the blessings of organized medicine, but as far as offering something in return, that's a different story. This ostrich type of citizen is unquestionably the one Edmund Burke had in mind when he observed: "The only thing necessary for the triumph of evil is for good men to do nothing."

Next comes the bad or poor quality type of medical citizen. He is the one who also hears nothing, sees nothing, and does nothing. However, instead of keeping quiet, he says plenty but always in a highly critical destructive and derogatory manner.

Now, there is, of course, nothing wrong with criticism. It is, in fact, absolutely indispensable to our democratic way of life. There isn't a single person, I'm sure, who has always agreed with everything his medical societies have done. Yes, criticism is important, but only if it is constructive or comes from those who at least try to correct the very things they criticize.

To hear these do-nothing critics talk about organized medicine, especially the AMA, might lead a stranger to these parts to believe that our profession is made up of over 200,000 timid dupes who allow themselves obsequiously to be held helpless in the grip of a syndicate of power-seeking monsters in Chicago. Misconceptions of this type can be due to one thing only, namely, misinformation. It couldn't possibly be otherwise. It is utterly inconceivable that anyone in the least familiar with the truly democratic nature of organized medicine could possibly entertain such weird notions. It is understandable, therefore, why medical leadership at all levels, district, state, and national, is so anxious to have its new members familiarize themselves as early as possible not only with the history, structure, and purposes of organized medicine, but also with the many ethical, political, and socio-economic problems confronting

(More on Page 18)

our profession at the present time. It is understandable also why your Society is so anxious to have you attend its meetings, participate in proceedings, serve on committees, and to otherwise keep yourself posted by reading your Society's publications including the "Hampden Hippocrat," the official bulletin of your District Society.

Turning finally to the good or effective medical society member, all we can say is that he resembles the good American citizen in more ways than one. The good citizen has been defined as one who is fully aware of his obligations and uses his best insight in the fulfillment of these obligations. The same, needless to say, applies to the good medical citizen.

It has been stated that the best informed citizen makes the best citizen. This can be paraphrased without equivocation to read: "The best informed physician makes the best and most effective medical citizen." #

Preserving our democracy depends ultimately on respect for the individual's rights, initiative, judgment and opportunities.

—Dwight D. Eisenhower

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DIABETES DETECTION WEEK

Hampden District Medical Society is observing Diabetes Detection Week (November 13 to November 19) by co-sponsoring a Diabetes Detection and Education program jointly with the Public Health Departments of the area and the Druggists of Western Massachusetts.

During Diabetes Week the public through a program of publicity, will be invited to pick up a "Dreypak" at their favorite drug store. This "Dreypak" contains a medicated paper strip which the individual dips quickly into a specimen of urine, lets it dry, and returns it — by mail or otherwise. The tester adds one drop of glucose oxidase solution to filter paper strip containing the dried urine specimen. After two minutes, if the filter paper turns any color between light green and dark blue, there is sugar in the urine.

A self-addressed envelope then delivers the "Dreypak" to HDMS headquarters at 1414 State Street. From there they will go to the Springfield Trade High School where it is expected the actual testing, as last year, will be done. Our Woman's Auxiliary then takes over, notifying the sender if the test is positive.

The cooperation of all physicians, especially in the follow-up of positive cases, is earnestly requested.

Louis Izenstein, M.D., Chairman
Sub-committee on Diabets Detection

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"KIDDICARE"

Have you heard of, or about, "Kiddicare"? Well, it's still another federally sponsored and financed program — Title II of the Social Security Amendments of 1965 — which is just getting underway, and which will shortly be sending a flood of young patients to physicians and hospitals. An estimated 22 million children will be involved in this epic of the Johnson administration's drive to guarantee good medical care for all preschool and school age youngsters.

How Does It Work?

The first step is the mass screening of children in their own neighborhoods, and either in schools or clinics, under a variety of sponsorships. If medical or dental defects are detected, complete diagnostic care is to be paid for out of government funds. If additional care is needed, it is to be ascertained how much, if any, parents can pay for the ensuing medical bills. Federal officials feel that government's payment of medical bills will be automatic in more than 50% of the cases, because the families are on relief or barely earning enough money to subsist. Another large group, however, will be eligible for free care under state criteria for determining the medically indigent. Some current estimates are that no more than 5% of the parents will pay. This leaves approximately 20 million out of 22 million preschool and school age children to be treated at the expense of the federal government and some state or local agency.

Different

Unlike Title XIX, in which the states must share the cost, any organ-

(More on Page 20)

ON TO THE AMA'S

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NOVEMBER 27-30, 1966

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(See Page 28)

ization — hospital, medical school, public health agency, clinic or even a medical society — can initiate a program by submitting a plan to Washington. The federal government underwrites 75% of the cost, the remaining 25% is borne by the planning agency, and the whole thing is not contingent upon state approval.

Congress has appropriated 185 million to be spent over the next five years in this endeavor. Limitations as to time and money are merely a concession to the desire of Congress to force a regular accounting. If the experience with Title XIX is any indication, the 185 million will be exhausted long before the five years is up, and Congress will have the choice of abandoning the care of millions of children or voting more money.

In addition to seeking out and treating low income children, this same Title II also provides for maternal care, and for crippled children, and special projects for mentally defective children. Overlapping is Title XIX under which the federal government is expanding its campaign to bring free health care to all families whose incomes are too low to pay medical bills.

Current Status

The first batch of grants totaling $14.7 million dollars have already gone to hospitals, medical, and public health agencies in eight cities and sixteen semirural counties. The White House said these locations were selected because they represent "areas where the need for human health services is great and where facilities and medical personnel who will operate the projects have the highest qualifications." These initial selections, however, do not establish a precedent for providing a generous dowry to a marriage between needy areas and the availability of the best in medical personnel and facilities. If the need for assistance is made obviously apparent, whatever medical personnel and facilities are available will be used. It is the White House's conclusion that the knowledge gained in the initial projects will enable this program to reach every child who lacks good health care "expeditiously and effectively in every community."

And so another munificent bestowal has issued forth from the seemingly bottomless sack available to Santa Johnson. We have just begun to play the Medicare game and are only beginning to glance at Medicaid's complex offerings. Now we have another delectable tid bit proffered. Can we even mouth all this, to say nothing of trying to digest it? Moreover, must we be ever as children, never asking why, where from, or how?

Ayres

Anything on your mind? If so, share it with the "Hippocrat"

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Q AND A'S REGARDING CONSOLIDATED MEDICAL PAYMENT ACCOUNTS

(M.M.S. Accounting Service Plan for Payment of Services for Medicare Beneficiaries on Assignment of Fees)*

Q: What is the purpose of the plan?

A: To eliminate confusion of multiple billing, deductible and co-insurance features to patients; to simplify collection procedures and paper work by physicians; to avoid inequitable proration of deductibles to individual physicians; to improve collections of "balance due" by providing the patient with a single bill issued by a responsible agent.

Q: How does the plan work?

A: Each physician will submit a *single* Request for Payment Form (SSA -1490) to Blue Shield, after obtaining the patient's assignment and indicating that he is agreeable to assignment as provided on the form. Immediately after receipt of this form, a payment will be made from the Special Bank Account to each physician which represents:

Reasonable fee for services as determined by Part B carrier (Blue Shield)	XXX
minus Administrative expense and bad debt factors	YYY
Total payment	ZZZ

This payment will be made from a Special Bank Account maintained for this purpose. Blue Shield will process the Medicare claim through its normal procedures and perform the following functions:

(a) Determine what portion of the deductible has been incurred previously by the patient. (By high speed computer transmission to the Baltimore Medicare computer center.)

(b) Reimburse the Special Bank Account from government funds up to the liability of the law.

(c) Reimburse the accounting service from any complimentary contracts (Medex) where applicable.

(d) Prepare a consolidated statement of all assigned physicians charges to each patient showing credits from all sources and the unpaid balance resulting from deductibles and 20% co-insurance.

(e) Deliver the consolidated statement to State Street Bank & Trust Company.

(f) Furnish each physician with a periodic summary of transactions.

The State Street Bank and Trust

* Reprinted from M.M.S. "Newsletter" of July, 1966

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Company will perform the following functions:

(a) Mail a consolidated bill to the patient on a form approved by the Committee.

(b) Receive payments for deductibles and co-insurance from patients (partial or full payments).

(c) Receive payments from other possible sources, e.g., endorsed checks mailed in error by patients to physicians, payments from welfare departments, and proceeds from commercial insurance companies applicable to the specific charges billed to the patient.

(d) Make deposits to the Special Bank Account of payments received.

e) Perform all bookkeeping operations related to these activities and the Special Bank Account.

(f) Continue to bill the patient for four consecutive months, or as long as determined by members of the Society's Committee on Physicians' Payments Under Medicare.

Bills unpaid after four months will be returned to the Committee for decision as to appropriate action.

Q: What will be the administrative expense?

A: It is anticipated that the administrative cost will approximate 15-20¢ *per each* consolidated bill, regardless of the number of physicians or total amount involved.

Q: What happens to "bad debts"?

A: At present the Committee plans to charge off such losses to each physician according to losses incurred on his own patients. Later, experience may show that the bad debt factor is so low that alternate solutions may be considered.

(More on Page 24)

COMING EVENTS

HDMS MEETING, DECEMBER 6, 1966

HDMS EXECUTIVE COMMITTEE MEETINGS, OCTOBER 18 AND NOVEMBER 15

SPRINGFIELD ACADEMY OF MEDICINE, NOVEMBER 8

MMS COUNCIL MEETING, BOSTON, OCTOBER 19

AMERICAN HEART ASSOCIATION, NEW YORK, OCTOBER 21-25

DIABETES DETECTION WEEK, NOVEMBER 13-19

AMA CLINICAL MEETING, LAS VEGAS, NEV., NOVEMBER 27-30

Q: Must a physician accept assignment in all cases if he signs the accounting service agreements?

A: NO. He may choose to bill any patient directly. However, once assignment is accepted and request for payment form is submitted, all transactions will be carried out as outlined above by Blue Shield and the bank. As in all cases of assignment, either with or without the agreement, a physician must accept the "reasonable fee" determined by the Part B Medicare carrier.

Q: If a physician signs the agreement with the accounting service, must all cases in which he accepts assignment be processed as discussed above?

A: Yes.

Q: What are "reasonable fees" and what relation will they have to present Blue Shield fees?

A: No relation. The fee will be determined by the carrier under rules and guidelines issued by the Federal Government. The Massachusetts Medical Society has no part in determining such fees.

Q: Why will a physician initially receive only 80% of reasonable charges under Paragraph 8b of the accounting service agreement?

A: To establish a fund in Special Bank Account to initiate program. A participating M.D. will be partially reimbursed each month until 100% of the reasonable fee, less administrative and bad debt expenses, has been returned to him. At end of a reasonable period, all payments will then be current and represent reasonable charges less expenses and bad debts. It is anticipated that this amount will be well in excess of 90% of the reasonable fee if wide participation is attained.

Note: The 80% payment under Paragraph 8b is not to be confused with 80% payment of charges by the government under the co-insurance provisions.

Q: Where are Request for Payment forms SSA-1490 to be sent?

A: To Blue Shield in all Massachusetts cases — regardless of whether a physician has or has not signed the accounting service a-

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greement. No request for payment or other communications should be directed to the bank, except for forwarding of payments received directly by a physician in an "assigned" case (to Box 2031).

Q: Why must a physician forward payments received directly from patients in "assigned" case under provisions of Paragraph 5 of the agreement?

A: Because he will have had or will soon receive full compensation for his services as outlined previously.

Q: When should claims be sent?

A: As soon as possible after completion of professional services in order that all bills may be consolidated within the next monthly billing period.

Q: May one M.D. accept assignment and another M.D. bill directly in an individual case?

A: Yes.

Q: Must a physician be a participating physician in Blue Shield in order to participate in the accounting service system?

A: No. But if he is not a Blue Shield participating physician, he cannot receive Blue Shield Medex payments. #

A change of fortune hurts a wise man no more than a change of the moon.

—*Benjamin Franklin*

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THE SPRINGFIELD HOSPITAL EDUCATIONAL PROGRAM

Dr. M. Donna Younger, Staff Physician at the Joslin Clinic in Boston, will be featured at the pediatric guest speaker program sponsored by Springfield Hospital on Thursday, November 10 in the Hospital's Auditorium.

The evening session will get under way at 5 p.m. with a clinical program in the Auditorium, followed by pediatric rounds. Dinner will be served in the large dining room of the hospital at 6:30 p.m. and Dr. Younger will give her formal lecture at 8 p.m. in the Auditorium. She is speaking on "Post-Pediatric Perspective in Pediatric Diabetes."

In addition to her appointment at the Joslin Clinic, Dr. Younger is on the staffs of the New England Deaconess Hospital and Boston Lying-in Hospital. She is a member of the American Diabetes Association and has published several articles in the field of diabetes.

This program is the second in a series of guest speaker programs sponsored by the Department of Pediatrics of Springfield Hospital.

"Halothane and Cyclopropane - a Study in Contrasts" will be the formal lecture of Dr. Henry L. Price, Professor of Anesthesia at the Univeristy of Pennsylvania, at the October meeting of the Guest Lecture Series being sponsored by the Springfield Hospital Department of Anesthesia.

The program will be held Friday evening, beginning with dinner in the large dining room of the Hospital at 5:15 p.m. and followed by a formal lecture presentation at 7:30 p.m. in the Hospital's Auditorium.

These programs are open to physicians, residents, interns, nurses, and other interested personnel.

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ACADEMY

The next meeting of the

SPRINGFIELD ACADEMY OF MEDICINE

will be held on

TUESDAY, NOVEMBER 8, 8:30 P.M.

SPEAKER: ALBERT N. BREST, M.D.
Associate Professor of Medicine
Hahnemann Medical College and Hospital
Philadelphia, Pa.

TOPIC: "SELECTION OF PATIENTS AND DRUGS FOR TREATMENT OF HYPERTENSION"

PLACE: Auditorium, Municipal Hospital
Springfield

HOSPITAL CLINIC: The Springfield Hospital, 5:00 P.M.

URGENT LIBRARY NEED

The Springfield Academy of Medicine is in urgent need of the March, 1965 issue of the "Archives of General Psychiatry"; the Sept. 1, 1965 issue of the "American Journal of Obstetrics and Gynecology", and the June-Dec. Supplement #1 "Circulation."

Your donation of these journals will be most gratefully received.

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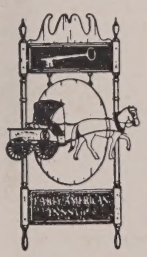

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AMA CLINICAL CONVENTION

The physician continues to face a problem in managing his time. He seems to become busier and busier, and yet he knows he needs some time to himself to refresh his professional knowledge.

The average physician is now working a 58-hour week, and many are putting in hours far above that number. How, then, can one find the time to study and keep abreast of new medical knowledge?

One of the best and most efficient methods of checking up on new developments is to attend the annual Clinical Convention of the American Medical Association. It will be in Las Vegas this year, November 27-30.

For the 20th consecutive year, the AMA is bringing this impressive collection of new clinical knowledge to the practitioner. The Clinical Convention is designed primarily for the man in practice. The speakers will read papers that will bring to the practitioner the latest findings of others in his area.

The four-day meeting will include scientific sessions on 18 major topics, three postgraduate courses, breakfast roundtable conferences, closed-circuit television and medical motion picture programs, and a variety of scientific exhibits.

Of special interest are the postgraduate courses, which have been expanded to three topics: Obstetrics and Gynecology, Fluid and Electrolyte Balance, and Cardiovascular Disease. Each course will consist of three half-day sessions, each of which will feature several outstanding teachers. There will be a $10 registration fee for each course.

Lively discussion should be a feature of four Breakfast Round-table Conferences. The topics: "An Agonizing Reappraisal of Cancer Chemotherapy," "The Problem and Potential of LSD," "The Management of Metabolic Bone Disease," and "Indication for Cardioversion."

An outstanding program of closed-circuit color television and more than 25 medical motion pictures will be presented.

Topics at the scientific sessions include: scintillation scanning, radiation and cancer, clinical pulmonary physiology, gastroenterology, futuristic diagnostic and therapeutic tools, neck pain, antibiotics, urology, aerospace medicine, unconsciousness, dermatology, juvenile diabetes, endocrine

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and metabolic diseases, pediatrics, surgery, hematology, psychiatry, and otolaryngology.

Scientific and industrial exhibits and all scientific meetings will be in the newly expanded Las Vegas Convention Center.

The AMA House of Delegates will meet in the Dunes Hotel and Caesar's Palace.

The Eighth National Conference on the Medical Aspects of Sports will be held in conjunction with the Clinical Convention. A day-long program of discussion of problems faced by team physicians at all levels of athletic competition will be discussed. The meeting will be Sunday, November 27 at Caesar's Palace.

The Clinical Convention promises to be a stimulating four days, worthy of the busy physician's time. Every physician is urged to take advantage of this educational opportunity.

A.M.A.

VISITING PEDIATRICIAN-IN-CHIEF

Wesson Maternity Hospital

Professor Arthur G. Watkins will serve as Visiting Pediatrician-in-Chief at the Wesson Maternity Hospital from October 17 to 22. This is in the nature of a return visit, for Dr. Watkins has served in this capacity to both the Wesson Maternity Hospital and The Springfield Hospital in past years.

The people cannot look to legislation generally for success. Industry, thrift, character are not conferred by act or resolve.

—Calvin Coolidge

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MEDICARE
QUESTIONS and ANSWERS

Q—What are the possible arrangements a hospital medical staff could work out to pool the payments received for covered services rendered to patients eligible for benefits under medicare?

A—The medical staff of a hospital is not a legal entity. If the staff is contemplating implementation of a partnership arrangement, references pertaining to such groups are available from the AMA Law Dept. If either a corporate or partnership organizational plan is agreed upon by the medical staff, an attorney familiar with the applicable laws in your state should be consulted.

Q—Would a hospital be considered negligent if it failed to advise medicare beneficiaries of their right to be treated by a private physician when first seen in the outpatient department or the emergency room?

A—The information given to patients concerning their choice of physician when being seen in the hospital emergency room or the outpatient clinic should not be affected by the advent of medicare. Acceptable hospital practice should govern. The AMA has adopted the following policy statement: "Each individual should be accorded the privilege to select and change his physician at will or to select his preferred system of medical care, and the AMA vigorously supports the right of the individual to choose between these alternatives." You might wish to consult with your state hospital association for any policy recommendations governing the type of information the hosiptal may wish to release for the public relating to the emergency room services available. In addition, it is advisable to check with your hospital attorney before adopting policies in this area.

Q—I admitted a medicare patient on an emergency basis and performed surgery. The patient died before regaining consciousness. There was no time to have the patient sign the request for payment form. The patient had no funds. Can I receive payment from the carrier for my services?

A—It is assumed that the assignment method of payment would be used, since the patient has no funds. According to the instructions on the back of the social security payment form, either the patient or an authorized representative may sign the form. The term, "authorized representative", refers to one legally authorized to sign on behalf of the patient, such as his next of kin or a court-appointed officer. In such cases, a copy of the death certificate would be attached to the form to indicate the necessity for a signature other than that of the medicare beneficiary.

We always think every other man's job is easier than our own. And the better he does it, the easier it looks.

—*Eden Phillpots*

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"FLU" TIME

It is expected that Massachusetts will experience an outbreak of Asian influenza during the winter of 1966-67. On the basis of past experience, it is anticipated that influenza will appear shortly after the Christmas school vacation season. While most of the illness will be due to Asian influenza, there will be some influenza B. The outbreak this winter should be less severe than in previous years.

Immunization

Immunization is advised particularly for the following groups of people:

1. Persons in the older age groups - fifty years of age and older.
2. Pregnant women.
3. Persons in nursing or convalescent homes, rest homes and other facilities where elderly people may be residing.
4. Persons of any age who have a chronic disease, such as a cardiovascular, pulmonary, renal or metabolic disorder. These include patients with:
   a) rheumatic heart disease, arteriosclerotic heart disease, hypertensive heart disease and congenital heart disease.
   b) asthma, chronic bronchitis, bronchiectasis, pulmonary-fibrosis, pulmonary emphysema and pulmonary tuberculosis.
   c) chronic nephritis or other kidney disorders.
   d) diabetes and Addison's disease.

When to Immunize

Vaccinations should begin as soon as possible after September 1 and consist of two injections of 1cc each. The second injection should be administered one or two months after the first one and should be completed before Christmas. If time does not permit, the second injection may be given two weeks after the first one. Persons who have been immunized with the polyvalent flu vaccine since July 1963 need only have a booster injection of 1cc subcutaneously. The intracutaneous injection of 0.1cc is not recommended except for those individuals who have previously experienced a sever reaction to the subcutaneous injection.

Polyvalent Influenza

The vaccine is approximately 60 per cent effective in preventing an attack of influenza. However, should one develop influenza after receiving the vaccine, the disease is likely to be milder.

The polyvalent flue vaccine is produced in chick embryos and should not be given to those who react allergically to eggs or egg products.

Ayres

Slightly Off—When Social Security was first enacted in 1935, *Time* magazine recalls, President Roosevelt estimated the government would be paying $3.5 billion a year in benefits by 1980. FDR was slightly off. The government's annual Social Security disbursements for 1967 are expected to total more than $24 billion.

The indirect and direct cost of illness, disability and death in the United States exceeded $58 billion in 1963, according to a federal government publication. When combined with the lifetime losses in productivity due to death, the total economic cost of morbidity and mortality was estimated at about $93.5 billion for that year.

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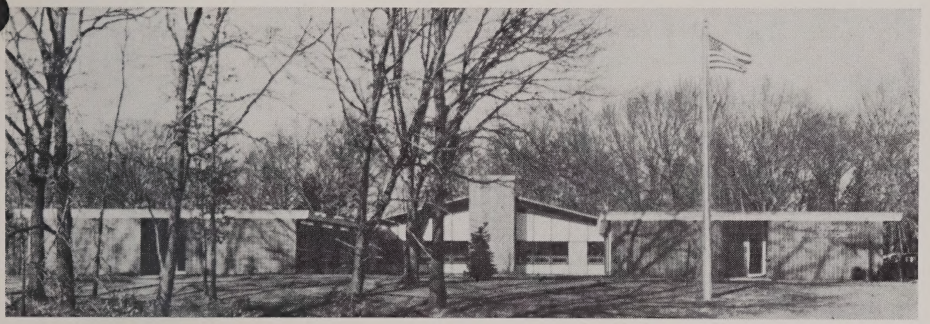

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